

Pharmacy Benefit Dimensions®

An Independent Health  company

Pharmacy Benefit Dimensions PDP 3 Tier Formulary Changes

Brand Drug Name	Category/Class	Type of Change	Alternative	Reason	Effective
Briviact 10 mg tab	Anticonvulsants / Anticonvulsants, Other	Formulary Deletion	brivaracetam 10 mg tab	Generic Alternative on T1	6/1/2026
Briviact 25 mg tab	Anticonvulsants / Anticonvulsants, Other	Formulary Deletion	brivaracetam 25 mg tab	Generic Alternative on T1	6/1/2026
Briviact 50 mg tab	Anticonvulsants / Anticonvulsants, Other	Formulary Deletion	brivaracetam 50 mg tab	Generic Alternative on T1	6/1/2026
Briviact 75 mg tab	Anticonvulsants / Anticonvulsants, Other	Formulary Deletion	brivaracetam 75 mg tab	Generic Alternative on T1	6/1/2026
Briviact 100 mg tab	Anticonvulsants / Anticonvulsants, Other	Formulary Deletion	brivaracetam 100 mg tab	Generic Alternative on T1	6/1/2026
Briviact 10 mg/mL oral sol	Anticonvulsants / Anticonvulsants, Other	Formulary Deletion	brivaracetam 10 mg/mL oral sol	Generic Alternative on T1	6/1/2026
Savella 12.5 mg tab	Central Nervous System Agents / Fibromyalgia Agents	Formulary Deletion	milnacipran 12.5 mg tab	Generic Alternative on T1	6/1/2026
Savella 25 mg tab	Central Nervous System Agents / Fibromyalgia Agents	Formulary Deletion	milnacipran 25 mg tab	Generic Alternative on T1	6/1/2026
Savella 50 mg tab	Central Nervous System Agents / Fibromyalgia Agents	Formulary Deletion	milnacipran 50 mg tab	Generic Alternative on T1	6/1/2026
Savella 100 mg tab	Central Nervous System Agents / Fibromyalgia Agents	Formulary Deletion	milnacipran 100 mg tab	Generic Alternative on T1	6/1/2026

How do I request coverage determination, including an exception?

To request a coverage determination, including an exception, you may contact us in any of the following ways:

- Mail your coverage determination request to: Independent Health's Pharmacy Department, 511 Farber Lakes Drive, Buffalo, NY 14221
- Fax: (716) 631-9636 or 1-800-273-7397
- Phone: (716) 631-2934 or 1-800-247-1466, we are available Monday through Friday from 8 a.m. to 5 p.m.

Requests for coverage of a non-formulary drug, or an exception to a coverage rule, require a supporting statement. For non-formulary drug requests, your statement must show that the requested drug is medically necessary for treatment, because all other drugs on our formulary would be less effective or would have adverse effects for the patient. For prior authorization or other coverage rule requests, your statement must show that the coverage rule wouldn't be appropriate given your patient's condition or would have adverse effects for your patient.

For expedited requests, we must notify you of our decision no later than 24 hours from when we receive your request. For standard requests, we must notify you of our decision no later than 72 hours from when we receive your request.

For exceptions, the time frame begins when we obtain your statement. We will expedite your request if we determine, or you tell us, that your patient's life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard decision.